

**STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

March 31, 2015

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with
the Department of Financial Services at the following address:

New York State Department of Financial Services

Health Bureau

One State Street, 11th Floor

New York, New York 10004

QUARTERLY STATEMENT

OF THE CONDITION AND AFFAIRS OF

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.


President:	<u>Judith Drake</u>	Other Officers:	<u>Rordan Hart, Vice Chairperson</u>
Secretary:	<u>Charles Rankin</u>		<u>Richard Snyder, Treasurer</u>
Chief Financial Officer:	<u>Stephen P. Thayer</u>		<u>Donald Barber, Executive Director</u>


[illegible][illegible]


COUNTY OF Tompkins

Subscribed And Sworn To Before Me This 13th Day of May 2015

knowledge and belief, respectively.

 President

 Secretary

 Chief Financial Officer

(Corporate Seal)

(a) Is this an original filing?

(b) If no:

(i) state the amendment number

(ii) date filed

(iii) number of pages attached

Revised 2014

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	
3. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	10,092,182	7,958,073
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	-	
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	10,092,182	7,958,073
5. Premiums receivable (Schedule C, NY 10)	41,211	36,379
6. Other invested assets		
7. Receivable for securities		
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	10,133,393	7,994,452
10. Investment income due and accrued		
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	125,000	125,000
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		415,237
16. Aggregate write-in for other than invested assets	6,920,183	6,908,315
17. Total Assets(Lines 9 to 16)	17,178,576	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. <u>Restricted Cash</u>	5,955,086	5,953,618
1602. <u>Ancillary Benefits Receivable</u>	968	
1603. <u>Excellus BCBS Prepaid Claims (Advance Deposit)</u>	953,700	953,700
1604. <u>Prepaid Expenses</u>	10,429	997
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,920,183	6,908,315

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1	2
	Total	Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,951,178	3,800,339
2 Premiums received in advance	318,409	345,672
3 General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
5 Ceded reinsurance premiums payable		
6 Amounts withheld or retained for the account of others		
7 Borrowed money and interest thereon		
8 Payable for securities		
9 Funds held under reinsurance treaties		
10 Aggregate write-ins for other liabilities	-	9,508
11 Accounts payable (Schedule G, NY12)	385,438	386,786
12 Claim stabilization reserve	-	-
13 Unearned premiums		
14 Loans and notes payable	-	-
15 Aggregate write-ins for current liabilities	10,576	-
16 Total liabilities (Lines 1 to 15)	4,665,601	4,542,305
17 Aggregate write-ins for special surplus funds	606,898	606,898
18 Gross paid-in and contributed surplus		
19 Unassigned funds (surplus)	10,102,912	8,490,636
20 Surplus notes		
21 Surplus per Section 4706(a)(5) **	1,803,165	1,803,165
22 Total capital and surplus (Lines 17 to 21)	12,512,975	10,900,699
23 Total liabilities, capital, and surplus (Lines 16 + 22)	17,178,576	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits/	-	9,508
1002.		
1003.		
1004.		
1005.		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	9,508
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. Unearned Ancillary Benefits Premiums	10,576	-
1502.	-	-
1503.	-	-
1504.	-	-
1505.		
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	10,576	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	606,898	606,898
1702.		
1703.	-	-
1704.		
1705.		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	606,898	606,898

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY14 (Schedule K).

STATEMENT AS OF		March 31, 2015 (Quarter Ending)		OF THE		Greater Tompkins County Municipal Health Insurance Consortium (Name)	
REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH							
		Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*	
		1	2	3	4	5	
		Total	Total	Total	PMPM	PMPM	
1. Member Months		15,128	15,173	60,188	XXX	XXX	
2. Net premium income:							
2.1 Basic		7,257,088	9,164,313	27,616,979	479.71	458.85	
2.2 Drugs		2,132,548		8,446,312	140.97	140.33	
2.3 Total		9,389,636	9,164,313	36,063,291	620.68	599.18	
3. Change in unearned premium reserves and reserve for rate credits:							
3.1 Basic					-	-	
3.2 Drugs					-	-	
3.2 Total		-	-	-	-	-	
4. Aggregate write-ins for other health care related revenues		-	-	-	-	-	
5. Investment		3,221	3,492	12,641	0.21	0.21	
6. Non-health revenues		31,609	35,509	134,659	XXX	XXX	
7. Total revenues (Items 2 to 6)		9,424,466	9,203,314	36,210,591	622.98	601.62	
Hospital and Medical:							
8. Hospital/medical benefits		5,217,836	1,942,027	22,704,500	344.91	377.23	
9. Other professional services					-	-	
10. Outside referrals					-	-	
11. Emergency room and out-of-area					-	-	
12. Prescription drugs		1,980,497	1,853,021	7,050,989	130.92	117.15	
13. Aggregate write-ins for other hospital and medical		-	-	-	-	-	
14. Incentive pool, withhold adjustments and bonus amounts		-	-	-	-	-	
15. Aggregate write-ins for other expenses		59,689	61,474	576,799	3.95	9.58	
16. Subtotal (Lines 8 to 15)		7,258,022	3,856,522	30,332,288	479.77	503.96	
Less:							
17. Net reinsurance recoveries				200,613	-	3.33	
18. Total hospital and medical (Lines 16-17)		7,258,022	3,856,522	30,131,675	479.77	500.63	
19. Claims adjustment expenses, including cost containment expenses					-	-	
20. General administrative expenses					-	-	
20.1 Compensation		15,208	9,113	50,939	1.01	0.85	
20.2 Interest expense					-	-	
20.3 Occupancy, depreciation, and amortization					-	-	
20.4 Marketing					-	-	
20.5 Professional Fees		32,851	10,946	68,012	2.17	1.13	
20.6 Administration Fees		248,000	239,592	955,264	16.39	15.87	
20.7 Consulting Fees		18,236	17,395	63,502	1.21	1.06	
20.8 Aggregate write-ins for other administrative expenses		207,673	207,883	745,741	13.73	12.39	
20.9 Total administrative expenses		521,968	484,929	1,883,458	34.50	31.29	
21. Increase in reserves for A&H contracts					-	-	
22. Total underwriting deductions (Lines 18 to 21)		7,779,990	4,341,451	32,015,133	514.28	531.92	
23. Net underwriting gain or (loss) (Lines 7 - 22)		1,644,476	4,861,863	4,195,458	108.70	69.71	
24. Net investment income earned					-	-	
25. Net realized capital gains or (losses) less capital gains taxes					-	-	
26. Net investment gains or (losses) (Lines 24 + 25)		-	-	-	-	-	
27. Aggregate write-ins for other income or expenses		(32,200)	(34,907)	(129,008)	(2.13)	(2.14)	
28. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)		1,612,276	4,826,956	4,066,450	106.58	67.56	
29. Federal income taxes incurred		-	-	-	-	-	
30. Net income (loss) (Lines 28 - 29)		1,612,276	4,826,956	4,066,450	106.58	67.56	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES							
0401. _____					-	-	
0402. _____					-	-	
0403. _____					-	-	
0404. _____					-	-	
0405. _____					-	-	
0498. Summary of remaining write-ins for Item 4 from overflow page		-	-	-	-	-	
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)		-	-	-	-	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL							
1301. _____					-	-	
1302. _____					-	-	
1303. _____					-	-	
1304. _____					-	-	
1305. _____					-	-	
1398. Summary of remaining write-ins for Item 13 from overflow page		-	-	-	-	-	
1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)		-	-	-	-	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES							
1501. NYS Graduate Medical Education Tax		59,689	61,474	241,282	3.95	4.01	
1502. ACA Traditional Reinsurance Fee				316,764	-	5.26	
1503. Flu Clinics				8,575	-	0.14	
1504. Patient Care Outcomes Research Institution Fee (PCORI)				10,178	-	0.17	
1505. _____					-	-	
1598. Summary of remaining write-ins for Item 15 from overflow page		-	-	-	-	-	
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)		59,689	61,474	576,799	4	10	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES							
20.801. Insurance (Directors & Officers, Professional Liability)		28,160	24,957	24,957	1.86	0.41	
20.802. Stop Loss Premiums		179,513	182,926	720,784	11.87	11.98	
20.803. _____					-	-	
20.804. _____					-	-	
20.805. _____					-	-	
20.898. Summary of remaining write-ins for Item 20.8 from overflow page		-	-	-	-	-	
20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)		207,673	207,883	745,741	14	12	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES							
2701. Miscellaneous Expenses		(1,934)	(264)	(1,144)	(0.13)	(0.02)	
2702. Insured Ancillary Benefits Expense		(31,454)	(34,643)	(127,864)	(2.08)	(2.12)	
2703. Other Income		1,188	-	-	0.08	-	
2704. _____					-	-	
2705. _____					-	-	
2798. Summary of remaining write-ins for Item 27 from overflow page		-	-	-	-	-	
2799. TOTALS (Items 2701 thru 2705 plus 2798) (Page 4, item 27)		(32,200)	(34,907)	(129,008)	(2)	(2)	

* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1	2
	Total	Total
31. Capital and surplus prior reporting year	10,900,699	7,048,883
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	1,612,276	4,066,450
33. Change in valuation basis of aggregate policy and claim reserve		
34. Change in net unrealized capital gains and losses less capital gains tax		
35. Change in net deferred income tax		
36. Change in nonadmitted assets		
37. Change in unauthorized reinsurance		
38. Change in surplus notes	-	
39. Cumulative effect of changes in accounting principles		
40. Capital Changes		
40.1 Paid in		
40.2 Transferred to surplus		
41. Surplus adjustments:		
41.1 Paid in	-	
41.2 Transferred from capital		
42. Dividends to participating municipal corporations (or school districts)		
43. Change in surplus per Section 4706(a)(5)	-	77,781
44. Change in retained earnings/fund balance	-	(77,781)
45. Interest on surplus notes		
46. Aggregate write-ins for changes in other net worth items	-	(214,634)
47. Aggregate write-ins for gains or (losses) in surplus	-	-
48. Net change in capital and surplus (Lines 32 to 47)	1,612,276	3,851,816
49. Capital and surplus end of reporting period (Line31 + 48)**	12,512,975	10,900,699
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4601. Additional needed for 12% IBNR	\$ -	\$ (214,634)
4602.		
4603.		
4604.		
4605.		
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	(214,634)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4701.		
4702.		
4703.		
4704.		
4705.		
4798. Summary of remaining write-ins for Item 47 from overflow page	-	-
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	-	-

* As reported on Prior Year End filed Annual Statement.
** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations (or school districts)?

Yes []No [X]
- b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services?

Date: N/A
- i) If "approved", when was the filing request approved?

Date: N/A
Date: N/A
Date: N/A
Date: N/A
- ii) If not "approved" yet, what is the status of the filing request and the status date?

Date: N/A
Date: N/A
Date: N/A
Date: N/A
- c) If "Yes", attach current copies of the documents if they have not been previously submitted.
2. a) State as of what date the latest financial examination of the MCHBP was made or is being made.

Date: 12/31/14
- b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released.

Date: 12/31/14
3. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity?

Yes []No [X]
- b) If "Yes", give particulars:

4. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.

Yes []No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
0599999 Totals					

- b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below.

Yes []No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
0599999 Totals					

5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond?

Yes [X]No []
- b) If "Yes", give name of surety company, and amount of coverage:

The Consortium Treasurer and the Consortium Assistant to the Treasurer are both covered by the County of Tompkins' Employee Dishonesty Bond (a.k.a. Fidelity Bond). This coverage is provided through Fidelity and Deposit Company of Maryland, Colonial American Casualty and Surety Company, 1400 American Lane, Schaumburg, IL 60196. This company is a subsidiary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to \$2,000,000 maximum.

6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date?

Yes [X]No []
- b) If "No", give location:

No stocks, bonds, or other securities owned byt the Consortium at this time.
7. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F, Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X]No []
- b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
No stocks owned at this time	N/A

- c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A	N/A	N/A

8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof?

Yes []No [X]
- b) If "No", state who has the authority:

N/A
9. a) Has any present or former officer, director or any other person or firm any claim of any nature whatsoever against the MCHBP which is not included in the financial statements?

Yes []No [X]
- b) If "Yes", give details:

N/A
10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period?

Yes []No [X]
- b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)

N/A

GENERAL INTERROGATORIES (Continued)

11. a)

What is the percentage that the MCHBP uses for its claims payable reserve?

12%

b)

Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?

Yes [☐] No [☒]

c)

If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?

Yes [☒] No [☐]

d)

If c) is "Yes", answer the following:

i)

When was the request filed with the Department of Financial Services?

Date: 11/02/13

ii)

When was the request approved?

Date: N/A

iii)

If approved, please attach a copy of the approval letter.

12. a)

Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?

Yes [☒] No [☐]

b)

If No, give details:

N/A

N/A

13. a)

Was the MCHBP's prior year's annual statement amended?

Yes [☐] No [☒]

b)

If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile

i)

Amendment number

N/A

ii)

Date of amendment

N/A

14.

Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?

Yes [☒] No [☐]

15. a)

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

None

b)

List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
<u>N/A</u>	

16. a)

Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?

Yes [☐] No [☒]

b)

If a) is "Yes", provide the following:

i)

Anticipated date of distribution.

Date: N/A

ii)

Anticipated amount of distribution.

N/A

17. a)

Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?

Yes [☒] No [☐]

b)

If a) is "Yes", answer the following:

i)

When was the request filed with the Department of Financial Services?

Date: 10/01/10

ii)

When was the request approved?

Date: N/A

iii)

If approved, please attach a copy of the current community rating methodology as well as the approval letter.

c)

If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

This information was submitted as part of our application process to the state and was approved at that time.

A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10

18. a)

Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?

Yes [☒] No [☐]

b)

If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?

Yes [☐] No [☐]

c)

If b) is "Yes", answer the following

i)

When was the request filed with the Department of Financial Services?

Date: _____

ii)

When was the request approved?

Date: _____

iii)

If approved, please attach a copy of the approval letter.

d)

If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a)

Has the MCHBP changed its CPA since the last Annual Statement filing?

Yes [☐] No [☒]

b)

If a) is "Yes", did the MCHBP provide updated information to the Department of Financial Services within 60 days of the change?

Yes [☐] No [☐]

c)

If b) is "No", please be advised that in the future the Department of Financial Services requires notification of a change in CPA within 60 days of the change. In addition, please provide the following information for the new CPA:

i)

Name

ii)

Address

iii)

Telephone Number

iv)

Email Address

d)

Was the CPA dismissed or did the CPA resign?

Yes [☐] No [☐]

e)

If d) is "Yes", the MCHBP must provide the following:

i)

the company shall submit notification to the superintendent within five business days of the event;

ii)

the company shall submit a letter to the superintendent within 15 business days of the event stating whether there were any disagreements at the decision-making level with the former CPA within the previous two years (whether or not resolved to the CPA's satisfaction) on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure that might or could have been referenced in the CPA's opinion attached to the audited financial report and detailing with specificity the nature and extent of any such disagreements; and

iii)

the company shall submit, with the letter required by paragraph (2) of this subdivision, a letter from the former CPA to the superintendent stating whether the CPA agrees with the statements contained in the company's letter and, if not, stating the reasons for which the CPA does not agree.

NY7

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository — Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust Company	xxx	XXX	0.095	XXX	XXX	1,753		9,970,602
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total — Cash on Deposit	XXX	XXX	XXX	XXX	XXX	1,753	-	9,970,602
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121,580
0399999 Total — Cash	XXX	XXX	XXX	XXX	XXX	1,753	-	10,092,182
Description — Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total — Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	-
0599999 Total — Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 1,753	\$ -	\$ 10,092,182
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE B — INVESTMENTS

[illegible]

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

		1	2	3	4	5	6
	Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
TC3		4,832	8,572	27,807		-	\$ 41,211
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
0199999	Individually Listed Receivables	4,832	8,572	27,807	-	-	41,211
0299999	Receivables Not Individually Listed					-	-
0399999	Gross Premiums Receivable	4,832	8,572	27,807	-	-	41,211
0499999	Less Allowance for Doubtful Accounts						
0599999	Premiums Receivable					-	41,211

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	1,268,095	4,275,713		3,928,531	1,268,095	2,738,512	1,470,417
2. Drug Claims	21,275	1,959,223		22,647	21,275	22,647	1,372
3. Other					-	1,039,180	1,039,180
4. TOTAL	1,289,370	6,234,936	-	3,951,178	1,289,370	3,800,339	2,510,969

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

STATEMENT AS OF	March 31, 2015 (Quarter Ending)	OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)
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SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

[illegible]

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15	16			

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	2,268	2,308			

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	60,174	15,128			

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	16
2. Number of enrolled members	2,308
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Annualized Net premium income	12,519,515
5. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	625,976
6. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,803,165
7. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,803,165

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS					
0806. _____				XXX	XXX
0807. _____				XXX	XXX
0808. _____				XXX	XXX
0809. _____				XXX	XXX
0810. _____				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	XXX	XXX
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606. _____				XXX	XXX
1607. _____				XXX	XXX
1608. _____				XXX	XXX
1609. _____				XXX	XXX
1610. _____				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES					
1006. _____				XXX	XXX
1007. _____				XXX	XXX
1008. _____				XXX	XXX
1009. _____				XXX	XXX
1010. _____				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES					
1506. _____				XXX	XXX
1507. _____				XXX	XXX
1508. _____				XXX	XXX
1509. _____				XXX	XXX
1510. _____				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	-	XXX	XXX
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706. _____				XXX	XXX
1707. _____				XXX	XXX
1708. _____				XXX	XXX
1709. _____				XXX	XXX
1710. _____				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	-	XXX	XXX
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406. _____				-	-
0407. _____				-	-
0408. _____				-	-
0409. _____				-	-
0410. _____				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1306. _____				-	-
1307. _____				-	-
1308. _____				-	-
1309. _____				-	-
1310. _____				-	-
1398. TOTALS (Items 1306 thru 1310)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES					
1506. _____				-	-
1507. _____				-	-
1508. _____				-	-
1509. _____				-	-
1510. _____				-	-
1598. TOTALS (Items 1506 thru 1510)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.806. _____				-	-
20.807. _____				-	-
20.808. _____				-	-
20.809. _____				-	-
20.810. _____				-	-
20.898. TOTALS (Items 20.806 thru 20.810)	-	-	-	-	-
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2706. _____				-	-
2707. _____				-	-
2708. _____				-	-
2709. _____				-	-
2710. _____				-	-
2798. TOTALS (Items 2706 thru 2710)	-	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Previous Year*
	1	3
	Total	Total
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4606. _____		
4607. _____		
4608. _____		
4609. _____		
4610. _____		
4698. TOTALS (Items 4606 thru 4610)		
Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4706. _____		
4707. _____		
4708. _____		
4709. _____		
4710. _____		
4798. TOTALS (Items 4706 thru 4710)		

* As reported on Prior Year End filed Annual Statement.